

First Step Child Care Enrollment Application

Parents, "to protect and promote the health and safety" of your child, please supply a **complete** response to every item on this form. The Mississippi State Department of Health, and our Child Care Licensure Inspector require this information. If the item is not applicable, then please answer "N/A". Do NOT leave anything blank.

Child's Full Name: _____ <small>(FIRST) (MIDDLE) (LAST)</small>
DOB: _____ Home Phone: _____
Home address: _____ _____

Mother's Name: _____ Father's Name: _____

Employment: _____ Employment: _____

Work Address: _____ Work Address: _____

Work Phone: _____ Work Phone: _____

Cell Phone/Pager: _____ Cell Phone/Pager: _____

E-mail Address: _____ E-mail Address: _____

List any special needs (allergies, medications, physical impairments) your child may have:

READ AND INITIAL THE APPROPRIATE ANSWER TO THE FOLLOWING ITEMS:

I have been informed that this Center does provide liability insurance for my child

_____ Yes _____ No

I have been given a copy of and have read the MSDH Regulation Summary for Parents:

_____ Yes _____ No

A completed 121 Immunization Compliance Form is on file in the facility before the child attends:

_____ Yes _____ No

***** PLEASE CONTINUE ON BACK *****

Please list the names and phone numbers of all individuals authorized to pick up child or call in the event of an emergency if parent or guardian cannot be reached. (VALID PHOTO ID REQUIRED).

1. Name: _____ Phone: _____ Relationship: _____

Address: _____

2. Name: _____ Phone: _____ Relationship: _____

Address: _____

Completed each of the following sections by INITIALING either Yes or No:

My child may be photographed at the child care center: _____ Yes _____ No

My child may take approved field trips sponsored by the child care center: _____ Yes _____ No

The childcare centre may give my child emergency medical treatment (if needed): _____ Yes _____ No

My child is toilet trained? _____. If no, a consultation between the parent and caregiver is required to be documented prior to toilet training. Date of consultation ____/____/_____.

My child will eat breakfast at the center _____ Yes _____ No. If no, my child will eat BEFORE coming into the center.

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____

Record updated & signed by parent (once a year):

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

DIRECTOR USE ONLY: Enrollment date: ____/____/_____

Acceptance date: ____/____/_____

Withdrawal: ____/____/_____